



Nurse Corps News

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Acting Director's Corner



Dear Nurse Corps Shipmates,

It has only been two months since the Change of Office Ceremony, but the amount of activity astounds me.

First, I want to recognize RDML Rykowski, Deputy Director of the Nurse Corps, Reserve Component and Deputy Fleet Surgeon, U.S. Fleet Forces Command, who retired on 30 September 2013 after 30 years of service. We all wish her continued success and Fair Winds and Following Seas! For more details on RDML's Rykowski's accomplishments, please see the Reserve Component article below.

As the new Office of the Nurse Corps (OONC) team gains its "Sea Legs," my gratitude for the leadership and expertise of RADM Niemyer and her team grows. We still have much to learn, but their guidance and support have helped us hit the ground running. NKO website posting delays are regrettable and we ask you to keep an eye on the site in order to familiarize yourself with the team, to include: RDML Alvarado, Deputy Director, Reserve Component; CAPT Beadle, Deputy Director, Navy Nurse Corps; CAPT Weaver, Reserve Affairs Officer; CAPT Atterbury, Assistant Deputy Director for Policy and Practice; CDR Morrison, Career Planner; LCDR Levy, Nurse Corps Fellow; and LCDR Dent, Corps Chief Action Officer.

In late September, the OONC team gathered with Active Component (AC) and Reserve Component (RC) Nurse Corps (NC) leaders to review and refresh our Strategic Plan. Participants included Specialty Leaders; Senior Nurse Executives; and staff from Detailing, Professional Development, and Community Management. I opened the meeting by sharing my views on the centrality of patient care, force health protection, and our core culture of Nursing Excellence through caring, compassion, and competency. I share with you now my notes on Nursing Excellence written prior to our meeting. I think it important to share my feelings with you and I welcome your comments on the topic back to me.

Caring, compassion, and competency must be the hallmarks of Nursing Excellence; these are sparks to action and the foundation on which all other goal activities rest. Caring, compassion, and competency are not simply banner words; they must be attributes firmly embraced by each of us individually and energetically demonstrated collectively. Nursing care is based on science, but there is also the art of caring. We know it when we see it and also know when we do not see it. Caring is the practice of serving or assisting another; ideally it comes from the heart with a deep-seated passion. The patient is the primary focus of nursing care, but caring must extend beyond the patient to Shipmates, their families, and others.



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Acting Director's Corner (Cont)



Compassion describes how one cares. Compassion in Nursing Excellence encompasses empathy, understanding, and kindness. Nursing Excellence must emphasize science as well. The science must be constantly nurtured and competency increased through a commitment to lifelong learning and increased knowledge, skills, and abilities. Yes, Nursing Excellence must be firmly embraced and energetically demonstrated. Caring, compassion, and competency should be championed and celebrated at every opportunity. Additionally, many issues influence our culture of Nursing Excellence and they merit attention; including diversity, inclusion, acceptance, tolerance, respect, and Care for the Caregiver.

The NC's own CDR Fredora (Toni) McRae facilitated our meeting and I am very grateful for her leadership and skill as a strategic planner and facilitator. We received updates from AC/RC Specialty Leaders and close-out reports from Strategic Goal leaders: Clinical and Professional Excellence, Strategic Communication, Research, Strategic Partnerships, and Workforce. We scanned the environment in which we practice and operate and reviewed input received from around the world on our Strengths, Weakness, Opportunities, and Threats. Small groups then developed goals and objectives for the coming year. Once finalized, the plan will be posted on our NKO site. Please familiarize yourself with these initiatives and volunteer to participate if at all possible. We are a Corps of many voices and many hands; many voices must be heard in plan development and many hands make light the work.

Speaking of voices and hands, I wish opportunities to meet with you were more plentiful. I learn so much from you at the deck-plate and your efforts on behalf of those we serve always inspire me.

In late July, I visited NH Beaufort and CAPT Lena Jones arranged a meeting with the NC officers. I was impressed by the group's professionalism as well as their knowledge of the Military Health System transformation in progress and Navy Medicine's strategic plan. The group challenged me to think hard about a variety of issues. Space does not allow me to review their questions in detail, but I intend to share my responses with you soon. The topics included: ambulatory care subspecialty code possibilities, subspecialty pay, career advice, work-life balance, NC priorities and opportunities, impact of politics, sequestration, furloughs, NC manning, the Defense Health Agency, clinical practice and promotion opportunities, Medical Home Port, Mentorship, and Clinical sustainment – tough but important topics on which you deserve to hear my thoughts.

Last week I traveled to North Carolina and visited with the NC officers from Camp Lejeune and Cherry Point. I am grateful to CAPT Nancy Pearson for arranging the visit and to CAPT Houser for her sponsorship of the visit as well. Camp Lejeune is a thriving Marine Corps base and the Naval Hospital is thriving in its support of force health protection and Nursing Excellence. The patient centeredness and culture of service to one another is palpable through such officers as: LCDR Carol Ellsworth, a Family Medicine Practitioner who balances a full clinic schedule with numerous collateral duties and efforts to promote population health; CDR Angie Macon and CDR Jason Layton, our Maternal/Infant/Neonatal Critical Care Specialty Leader, who lead the clinical efforts of the new Specialty Care Nursery at Camp Lejeune; and LCDR Dora Reid, the Division Officer for the new ambulatory care wing at Camp Lejeune. Conversations with Camp Lejeune's CDR Kay Heaven and LCDR Karen Gray from the MOR, as well as CDR Brownfield, a CRNA at Cherry Point, demonstrate to me your understanding and active participation in Navy Medicine's Value Goal imperatives. I applaud them and you for your leadership on the important strategic initiatives of patient recapture and evidence-based quality patient care.

From North Carolina, I traveled one hour south to the USS Wilmington where I had the honor of promoting RDML Alvarado. She is a tremendous leader and I look forward to partnering with her in the coming years. During the reception I enjoyed speaking with several RC NC Officers, including ENS McHugh and ENS Russell; they reminded me again of the incredible talent and commitment of the RC. Standing with so many proudly committed Shipmates on the USS Wilmington, one of the most decorated ships of WWII, underscored the importance of our democracy, our Navy's contribution to maintaining it, and the power and strength of Shipmates who call themselves Navy Nurses.

RDML R.J. McCormick-Boyle, USN
Acting Director, Nurse Corps





Acting Director, Navy Nurse Corps



Rear Admiral Rebecca J. McCormick-Boyle
Acting Director, Navy Nurse Corps

RDML McCormick-Boyle, Nurse Corps, U.S. Navy, is a native of Griffins Mills, NY. Following graduation from the SUNY at Buffalo School of Nursing, she was commissioned in 1981 and reported to Naval Hospital, Orlando, FL, where she worked as a surgical and critical care nurse. In 1984, she transferred to the National Naval Medical Center in Bethesda, MD, and served as a coronary care nurse, before returning to Buffalo, in 1987 to be a medical programs recruiter. In 1991, she reported to Naval Hospital, Okinawa, Japan, as division officer for in-patient and ambulatory care. While in Okinawa she completed her Master of Science degree in Human Resource Management Systems from Chapman University. She earned a Master of Health Administration from Baylor University in 1996. She subsequently filled three different leadership positions at Naval Hospital Camp Lejeune, NC: Director, Branch Medical Clinics; Executive Assistant, Commanding Officer for Health Care Operations; and Senior Nurse, Fleet Hospital. In 1999 she reported to Bureau of Medicine and Surgery as special projects coordinator for Navy Medicine's Optimization Initiative. In 2003 she promoted to Captain and became the Nurse Corps Career Plans Officer. Selected for Executive Medicine, she served as Executive Officer, Naval Health Clinic Great Lakes from 2005 to 2007 and as Commanding Officer, Naval Health Clinic Patuxent River from 2007 to 2009. In July 2009 she returned to the Bureau of Medicine and Surgery as the Assistant Deputy Chief for Medical Operations before assuming the role of Chief of Staff in January 2012. She promoted to Rear Admiral Lower Half in July 2012. She assumed the role of Acting Director, Navy Nurse Corps in August 2013.

Her decorations include Legion of Merit (two awards), Meritorious Service Medal (four awards), Navy and Marine Corps Commendation Medal (two awards), and Navy and Marine Corps Achievement Medal. She is an American College of Health Care Executives Fellow and recipient of 2011 Navy Regent's Senior Health Care Executive Award.



RDML Rykowski Retirement



RDML Rykowski, Deputy Director of the Nurse Corps, Reserve Component and Deputy Fleet Surgeon, U.S. Fleet Forces Command, retired on 30 September 2013. She was a highly motivated and extremely influential leader who provided selfless devotion to all of her Commands, her shipmates, the Navy, and our Nation. RDML Rykowski offered guidance and structure to many officers by providing them a platform and, in some cases, unique venues to meet all of the strategic goals outlined by the Navy Nurse Corps.

Some of her achievements included 100% recruitment of identified critical war-time specialties to better force shape the Reserve Nurse Corps, as well as leveraging technology to utilize Defense Connect Online to present a Junior Officer Symposium, which ultimately connected to over 250 Junior Nurse Corps Officers. This symposium covered key topics such as mobilization, clinical sustainment, credentialing, and career development planning. Pertaining to the workforce goal, the Specialty Leaders promoted the use of a one on one interview process to those Nurse Corps members who were preparing for deployment. This proactive approach proved extremely beneficial to over 300 Reserve Corps nurses who were mobilized in support of multiple mission assignments during her tenure.

RDML Rykowski's impact and contributions will have long lasting effects for Navy Nursing and Military Medicine. It was an honor to work with such a pivotal leader. Bravo Zulu!

CAPT Irene Weaver, USN
 Reserve Affairs Officer, BUMED





Deputy Director, Navy Nurse Corps, Reserve Component



Rear Admiral Christina M. Alvarado

Deputy Director, Navy Nurse Corps, Reserve Component

Rear Admiral Christina “Tina” Alvarado is a registered nurse and graduate of the Alexandria Hospital School of Nursing in Alexandria, VA; Columbia University School of Nursing in New York, NY; and holds a Master of Health Care Administration from the University of North Carolina School of Public Health. She has worked in the clinical areas of orthopedics, neurosurgery, and intensive care. RDML Alvarado became certified in critical care nursing in 1983 and held civilian professional nurse positions at United Hospital, Portchester, NY; Alexandria Hospital; and Columbia-Presbyterian Medical Center. She was the first nurse to command Naval Reserve Expeditionary Medical Facility (EMF) Dallas One, a commissioned unit whose mission is expeditionary medicine. She led the transformation of the unit and stood up the first Reserve EMF in 2011.



RDML Alvarado has extensive experience in strategic health care planning. She joined Blue Cross Blue Shield of North Carolina (BCBSNC) in 1994 as Director of Public Policy & Regulatory Affairs and held a number of senior health policy and strategic positions there until 2006. Prior to BCBSNC, she dedicated 10 years of service to our Nation’s veterans on Capitol Hill, in both the House and Senate, serving as Staff Director of the U.S. House Subcommittee on Hospitals and Health Care and Professional Staff Member of the U.S. House Committee on Veterans’ Affairs from 1989 to 1994. In this position, she was responsible for health care legislation affecting veterans and the \$15 billion health care delivery system designed to serve them. RDML Alvarado was instrumental in the design and passage of major legislation that made improvements to veterans’ affairs such as the Nurse Pay Act of 1990, the Department of Veterans’ Affairs (VA) Physicians’ and Dentists’ Compensation and Labor Relations Act of 1991 and the Women Veterans Health Programs Act of 1992.

RDML Alvarado helped shape and advance efforts to reform the VA’s health care eligibility and position the VA’s health care system to meet the future needs of America’s aging and indigent veterans. She was recognized for her outstanding contributions to veterans in 1994, by resolution of the Committee on Veterans’ Affairs, U.S. House of Representatives, and has been recognized for distinguished service to veterans at a ceremony in her honor by every major veterans’ service organization.

In 2006, she became President and CEO of Be Active North Carolina, a state-wide non-profit that promotes physical activity and healthy lifestyles. She resigned that position in 2007 to serve on active duty at the Bureau of Medicine and Surgery. In 2008, she launched CompassNC, a business consulting company focusing on health policy and strategy solutions in a dynamic market.

RDML Alvarado began her Navy Reserve career as a Direct Commissioned Officer and attended DCO School, Naval Air Station Pensacola, FL. She was called to active duty from 1990 to 1991, in support of Operations Desert Shield and Desert Storm and served in the Neurosurgical Intensive Care Unit at the National Naval Medical Center in Bethesda, MD. In 2002, she was again called to active duty in support of Operations Noble Eagle and Enduring Freedom. She has held a variety of leadership positions including Officer in Charge, Executive Officer, Administrative Officer, and Training Officer. She served as the Executive Officer, Operational Health Support Unit Jacksonville, FL, from 2008 to 2010 and Commanding Officer of EMF Dallas One from 2010 to 2012.

Her military awards include the Legion of Merit, Meritorious Service Medal, the Navy and Marine Corps Commendation Medal (4 awards), the Navy Achievement Medal (2 awards), the Meritorious Unit Commendation (2 awards), the Armed Forces Reserve Medal with “M” device, and the National Defense Medal. She was also named Columbia University School of Nursing 2011 Distinguished Alumni.

RDML Alvarado resides in Raleigh, NC and is a World Champion equestrian athlete.





Nurse Corps Leadership Changes



Along with the transitions in the most senior positions, major changes have happened throughout the Nurse Corps office over the last few months. Please give a warm welcome to our new leadership team!

Deputy Director - CAPT Annette Beadle



Reserve Affairs - CAPT Irene Weaver



Policy & Practice - CAPT Kristen Atterbury



Career Planner - CDR Valerie Morrison



Nurse Corps Fellow - LCDR Marlow Levy





State of the Corps Business Meeting



Leaders from across the Nurse Corps met at Fort Belvoir, VA from September 24-26, 2013, for the Fiscal Year 2014 Navy Nurse Corps State of the Corps Business Meeting. This meeting is an annual strategic management resource utilized by the Director, Navy Nurse Corps to evaluate and align the Nurse Corps architecture with Navy Medicine requirements; facilitate enterprise decision making through resource stewardship, process improvement and risk stratification; and communicate a shared mission and vision to ensure optimal Corps performance. This gathering is an interactive meeting allowing a report up of accomplishments, progress, issues and concerns; as well as, direction and guidance for the future. The FY-2014 Nurse Corps Strategic Goals and Objectives discussed at the meeting are being finalized and will be disseminated in the December newsletter.



Clinical Nurse Specialist Advisory Board



The CNS Advisory Board was established in the Fall of 2012 resulting from a Strategic Goal targeting CNS Optimization. The Board is comprised of Clinical Nurse Specialists representing all specialties from nearly all Navy Medical commands who meet virtually on a regular basis.

The initial goals of the CNS Advisory Board include the sharing of best practices in a structured forum, serving as mentors for newly-minted clinical nurse specialists, and to optimize the role of the CNS in all settings. The vision for the CNS Advisory Board is to partner with the Specialty Leaders and serve as a liaison for Nurse Corps leadership regarding nursing policy, procedures, and practice changes within all nursing specialties at the deck plate level. It is also the vision to establish an electronic forum for access to responses to clinical inquiries and to showcase best practices.

Over the past year, the CNS Advisory Board members have shared policies and protocols from their commands on such topics as medications at the bedside, healing touch, use of data from smart pumps, and boarder policies. The Board got off to a lively start under the leadership of CDR Newton Chalker who established a dashboard with happy and sad faces depicting member responsiveness to a clinical question posed by a colleague. It turns out Clinical Nurse Specialists were once children who thrived on receiving gold stars from their teachers!

Who comprises the Board? CNS Advisory Board members are selected by the Senior Nurse Executives to represent their command's nursing voice for clinical practice. A CNS Advisory Board member must be willing to use email, research best practices currently in place, and reach across specialties at his or her command to provide feedback for the many clinical questions posed. Because this is a "virtual" board, the CNS Advisory Board utilizes the forum MilSuite, a collection of tools and applications for secure online collaboration sponsored by the Department of Defense. Meetings are held quarterly, however there is ongoing dialogue among members.

All nurses are encouraged to register for MilSuite (<https://www.milsuite.mil>) to see all the topics the CNS Advisory Board has already researched and to check in periodically for updates. Haven't heard of MilSuite? Mil U provides videos, tutorials and FAQs for using MilBook and other Mil applications to their fullest scope. <https://www.milsuite.mil/learn/>

Any nurse with internet capability and a CAC can now search the collective wisdom of multiple commands. Just think what this means for the deployed or solo nurse, or those serving in remote locations! Research has shown that hospitals with low surgical volumes can achieve the same outcomes as facilities with larger surgical volumes if they use clinical pathways to minimize or eliminate variation and prevent missed steps. In this same way, sharing policies and protocols can achieve best practices and promote standardization across all nursing departments, regardless of location. Former Secretary of Defense Donald Rumsfeld once said, "You don't know what you don't know." Tapping into this group's expert clinical knowledge reduces potential practice bias or tunnel vision and decreases lost time duplicating work already developed or optimized by others.

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Clinical Nurse Specialist Advisory Board (Cont)



CDR Chalker turned the reins over to new board leadership in September: CDR Chris Jack, CDR Mary K. Parker, LCDR Jesus Crespo-Diaz, and LCDR Monica Toney. CAPT Kristen Atterbury additionally serves as the Nurse Corps Office link and advisor to the board. The new board's first actions will include establishing a formal Charter identifying the board's purpose and scope, leadership roles and responsibilities, position descriptions for CNS Advisory Board command representatives, the communication process with Senior Nurse Executives and fellow CNS colleagues, and taking the CNS Advisory Board to the next level!

Ask your CNS Advisory Board for answers to thorny clinical questions or how to address a complex clinical situation. They know where to search, who to ask, will identify the best practice, and will post the most informative response to your burning clinical questions!

CDR Mary Parker, NC, USN
Co-Chair, CNS Advisory Board



Nurse Corps Video Teleconference - October 24, 2013



Join the new Nurse Corps leadership team for their first quarterly Nurse Corps Video Teleconference on Thursday, October 24, 2013 at 0800 and 1600, Eastern Daylight Time.

Urban Combat in Los Angeles Provides Realistic Trauma Training for Deploying Sailors

Navy personnel prepare for incoming trauma as the Los Angeles County & University of Southern California (LAC+USC) Medical Center's emergency base station is bombarded by calls. The large Emergency Department (ED) parking lot is filled to capacity with paramedic, fire department, and police vehicles. A civilian Med Evac helicopter leaves the pad just in time for another inbound LA Sheriff helicopter. Security works with a chaplain outside the resuscitation wing to calm family members struggling to cope with the tragedy unfolding before them.

Two specially trained ED nurses calmly manage the incoming communications and provide direction. A gunshot wound to the face, a burn victim, a near-drowned child, and then a motorcycle accident with a suspected pelvic fracture – this may seem like a mass casualty situation, but it is all too common for the second most populous city in the U. S. It is early evening and urban Los Angeles is rife with violent altercations as the summer heat dissipates.

You are entering the Navy Trauma Training Center (NTTC) at LAC+USC, the most active casualty receiving and trauma training ground in the country. Navy Medicine and LAC+USC staff provide cooperative care for the most critical and vulnerable patients in the City of Angels.

The first victim with a gunshot wound to the face arrives in cardiac arrest; Navy personnel immediately assume care. CPR gives way to an emergency thoracotomy when all other interventions fail. Corpsmen and nurses anticipate opening the patient's chest and have everything ready – cross clamp, chest tube, definitive airway, and fluid restoration are completed simultaneously. The patient's ribs are spread and cardiac massage is started. The frenzied action is well orchestrated as the team communicates their findings concisely, with a feeling of professional compassion that pervades the trauma bay. Upstairs, Hospital Corpsmen scrub, gown, and glove for surgery. Main Operating Room 11 is a specialized surgical suite with dynamic thermoregulation capability for burn cases. The patient has considerable disfigurement, greater than 50% body surface area involvement, contractures, and will be at significant risk for infection. The surgical team works meticulously under the bright surgical lights to remove devitalized tissue and mend damage.

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Urban Combat in Los Angeles Provides Realistic Trauma Training... (Cont)

Base station then reports an incoming near-drowned five-year-old, found unconscious at the bottom of a pool. Navy personnel quickly move to the rooftop helipad and the patient is immediately transported to the pediatric ED. The crew reports that CPR was halted upon return of spontaneous circulation and breathing, but the patient's feeble cry understandably concerns the staff. Baseline pulmonary and neurological status are assessed and personnel work around each other to complete life-saving tasks quickly and efficiently. Assessments, interventions, results, and reassessments are reported using precise closed-loop communication. The child ultimately recovers and is able to talk briefly to Mom before exhaustion sets in. Relieved in the safe tranquility of the moment, the mom then sits quietly and holds her little patient's hand at the bedside.

LAC + USC is a 650 bed, state of the art Level I trauma center with a Level III Neonatal Intensive Care Unit, two helicopter pads, and a massive 25-room surgical suite. 28% of all trauma victims in Los Angeles County and half of all sickle cell anemia, HIV, and AIDS patients in Southern California are treated here. More than 25,000 trauma evaluations and one million ambulatory care encounters occur here annually, averaging 450 patients a day.

More than 2,380 deploying military personnel have attended NTTC at LAC+USC. Navy personnel who graduate receive an Additional Qualification Designator [AQD] and/or service school entry in their military records.

The comprehensive didactic and high acuity clinical training provided by subject matter experts at NTTC prepare military personnel for combat support roles when deployed, shipboard or boots-on-the-ground. Care is provided for patients of all ages, anything can happen, and the line between tragedy and recovery in forward military operations is frequently drawn thousands of miles away in urban Los Angeles, thanks to the successful partnership and collaboration at the NTTC.

If you are interested in attending training at the Navy Trauma Training Center, please visit the [NTTC website](#) for more information on class dates, the application process, and an informative video. Remember to talk to your Chain of Command about your interest in this amazing opportunity!



NTTC Instructors: LCDR Jami Stakely, CDR Patricia Hasen, LCDR Keith Ferguson.

Photo by M. Reilly

LCDR James Reilly, NC, USN

Edited by LT Edward Spiezio-Runyon, NC, USN

Navy Nurse Leading the Way to a New Paradigm of Care: Forensic Nursing

A Naval Medical Center Portsmouth Nurse recently achieved the unique credential of Advanced Forensic Nurse – Board Certified (AFN-BC) by the American Nursing Credentialing Center.

LCDR Michelle Ortiz, NC, USNR is the Forensic Healthcare Coordinator and Sexual Assault Forensic Examiner (SAFE) Program Manager at NMCP. Ms. Ortiz is credited with creating NMCP's SAFE Program in Aug 2010, has been responsible for the care delivery of 70+ cases annually, and has instructed over 200 medical personnel from all branches of the military on how to perform the SAFE exam. The procedure for obtaining such an honor is thorough and detailed; to date, there are only 32 AFN-BCs worldwide. The ANCC may award the AFN-BC credential after a thorough portfolio review, taking into consideration the education, certifications, achievements, and publications a candidate submits. Besides Ms. Ortiz, only 1 other RN in the Department of Defense has been granted this unique credential: CDR Cynthia Ferguson, Port Hueneme, CA.



Bravo Zulu!



Certifications

LT Cherith Baize at Naval Medical Center Portsmouth who passed her Pediatric Nursing [CPN] certification exam.

LT Todd Pearson at Naval Health Clinic New England who passed his Medical-Surgical Nursing [RN-BC] certification exam.

Education (non-DUINS)

CDR Arnel Barba, LCDR Tiffany Dodson, and LCDR Robert Haag at Naval Medical Center San Diego who earned their Doctorates of Nursing Practice from the University of Alabama.

LCDR Marlow Levy at the Bureau of Medicine and Surgery who earned his Master of Business Administration from The George Washington University.

LCDR Riley Williams and LCDR Maria Williams at Naval Hospital Jacksonville who earned their Doctorates of Nursing Practice from the University of Alabama.

LCDR Michelle Westcott at Naval Health Clinic New England who earned her Master of Science in Nursing Education from Walden University.

LTJG Julianne Walton-Rantz at Fort Belvoir Community Hospital who earned her Master of Science in Nursing Education from Old Dominion University.

Other

LCDR Eileen Scott at Naval Medical Center Portsmouth who was selected as the Navy Liaison for the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN).

LT Karen Downer at Naval Health Clinic New England who arranged a partnership with the Rhode Island and Connecticut American Red Cross and launched a Red Cross Youth Leadership Academy outreach program, the first ever nationally.

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